

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

313601

10-21-81

Kaplan et al

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		—			
2		/		/		
3		/		—		
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TOTAL IND.	1		4			
TOTAL DEP.	13		8			
TOTAL CLAIMS	14		12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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